necessary to a well-regulated society, it was important to remember that this distinction had its origins in talents, virtue, and knowledge. 'Wealth, power and greatness are but *effects,* the *causes* of which are to be sought for in the human mind.' Moreover,

> in every orderly community where art is fostered, genius allowed full scope, and industry secure in its acquisitions, one unceasing movement upwards may be observed through the great scale of life.[89]

According to Percival's view of progress, it was the duty of those higher in the 'scale of life' to promote the aspirations of those below them, provided that these aspirations were not unfavourable to both private happiness and national prosperity. Percival concluded that it was education alone that accomplished both these objectives and since 'capacity is confined to no station', it should be actively sought out and cultivated in the poor. He gave a lengthy argument for the right of the poor to be educated, and buttressed his arguments with statistics from the works of that century's most famous prison reformer, John Howard, designed to show the connection between low crime rates and the successful scheme of general education in Scotland.[90]

If prudence and attention to duty directed the philanthropic spirit, it was, according to Percival and his group, initiated by the common human principle of benevolence, humanity, the moral sense, or innate sympathy. As John Aikin explained,

> To counterbalance the various evils and miseries of life, Providence has planted in our natures a benevolent principle, which without waiting for duty to incite, or reason to approve, inclines us by an involuntary emotion to relieve the distresses of our fellow-creatures, and gives us the purest and most sensible pleasure for our reward.[91]

Poverty was not considered to be a flaw in God's providential plan for humankind, but, rather, an essential feature best explained as part of the general problem of evil. The relationship between the social classes was considered to be a reciprocal one and, as we have noted earlier, one in which each station in life had its particular set of duties. The rationale for the eighteenth-century charity hospital and its mandate reflected at any given time the consensus on the role of each of the classes in their duties to each other.

If the religion was an increasingly pragmatic one, it was nevertheless still concerned with benefits in the hereafter, as well as the benefits of a Christian community bound by ties of gratitude and acts of kindness. The spirit of reform was not only due to scientific zeal but also propelled by the call to active religious duty.

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Percival's son warned the medical troops of the Manchester Infirmary that to 'be discouraged by opposition; to be alarmed by danger; or overcome by difficulty, is a state of mind unfitted for the Christian warfare'.[92]

While the proper objects of hospital charity remained the labouring poor, the facilities offered to the general public increased with population pressure and general prosperity. New advances in knowledge, as Percival explained, entailed a broader sphere of duty for the physician. By 1803 the Manchester Infirmary included a lunatic asylum, an out-patient dispensary and a house of recovery or fever hospital, additions created for the most part by Percival and his Edinburgh-trained colleagues.[93] Hospitals like the Manchester Infirmary served a variety of social functions and were considered by philanthropists to be the most successful of the charities. They were, as Priestley put it, 'the cheapest of all charities, the most great good being done with the least expense'.[94] Unlike so many other charities, hospitals appear not to have suffered repeated financial failure or a collapse of public confidence.[95] Thus it is not surprising that so many physicians wished to have their names associated with them.

From the viewpoint of medical knowledge, hospitals were, by Percival's time, generally viewed as the essential laboratory for clinical medicine and it was inconceivable that there could be a medical school without access to a teaching hospital. Part of the hospital's great success was its capacity for providing a group of patients whose diseases could be observed and systematically treated. Moreover, while earlier, private medicine had allowed physicians only partial control over their patients, hospital practice facilitated a shift in power which gave physicians almost unlimited control. It might even be argued that modern clinical medicine was born of assumed patient compliance. For example, in his *Thoughts on Hospitals*, John Aikin suggested that hospital patients were the best subjects for experiment because, unlike private patients, they were of the classes accustomed to obeying orders. Also, in a hospital, in contrast to a private home, the doctor was free to practise his profession 'away from the notice of prying and conceited bystanders', whose presence had the tendency to make him 'timid and narrow'. In the hospital he was better able 'to exert his genius in any new thought for the benefit of his patient, though unsupported by precedent'. 'In fact', Aikin added,

> most of the modern improvements in medicine and surgery have taken their rise from hospital practice; consequently these patients have reaped the first benefits from them; and thereby numbers of

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> the poor have met with relief in deplorable cases, which without the benefit of these institutions, and the spirit of rational experiment, would in all probability have brought them to a miserable end.[96]

Although there was a great deal of scepticism about 'the spirit of rational experiment' in hospitals, the fear of experimentation in the hospitals of this period included the horror most people felt concerning post-mortem dissections. As Mary Fissell points out, the poor in particular objected to them because the cavalier attitude of the surgeons to the deceased body was at variance with the customary respect due to the dead. For most, dissection was viewed as the ultimate degradation.[97] The connection between up-to-date medicine and hospital practise was commonly accepted and, by the time Percival began to practice, a hospital position was perceived as the surest route to a successful and lucrative private practice. Nevertheless the hospitals of this period had, as Aikin also noted, their darker side and many patients had good reason to fear the loss of their lives as well as their limbs. Typhus, hospital or jail fever, was often a greater threat to patients' lives than the diseases which had originally gained them admission. Aikin rightly observed that, 'there cannot surely be a greater contradiction in the nature of things than a disease produced by a hospital'.[98]

Typhus thwarted the benevolent intentions of hospitals and it was increasingly impossible to ignore it. Inspired by the works of John Pringle and John Howard on hospital and jail fever, Percival designed a programme for eradicating typhus in the Manchester Infirmary and other similar institutions. It is worth noting that he shared with his Lancashire colleagues an environmentalist theory of disease which, for practical purposes, took into account the remedies proposed by both the miasmatists and the contagionists. Along with therapeutic measures, Percival, like Pringle, advocated preventative steps which emphasized sanitary architecture and procedural reforms. His contagionist views led him to favour quarantine and hospital buildings designed to reduce or eliminate the dangers of cross-infection and institutional epidemics.[99] Although it was not known at this time that typhus was carried by body lice, Percival, like Howard, insisted correctly that it was a hardship disease, which affected the debilitated factory workers far more severely than other social groups. Consequently he believed that only the elimination of widespread debility would eradicate the dreaded disease and that this in turn was only possible if the living conditions of the poor were fundamentally improved. These were radical ideas espoused by physicians who, by virtue of their religious and political views, were

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